

ICEA Position Paper

Physiologic Birth

Position

The International Childbirth Education Association (ICEA) recognizes that birth is a unique and synergistic process between mother and fetus. While the use of technology in maternity care worldwide increases, maternal/infant morbidity/mortality rates have not shown significant improvements. ICEA defines physiologic birth as a birth where the baby is birthed vaginally following a labor which has not been modified by medical interventions.

Introduction

Whereas comparisons of maternal/infant morbidity and mortality rates between countries requires caution due to different risk factors, there is consensus that childbirth is a safe and natural human event. Currently, there is confusion and disagreement on the definitional differences between “normal birth”, “natural birth” and “childbirth”. It is the purpose of this position paper to identify the parameters of healthy, safe, normal human physiologic childbirth.

Many entities have contributed to a definition of physiologic birth. The World Health Organization (WHO) defines birth as “spontaneous in onset, low-risk at the start of labour and remaining so throughout labour and delivery. The infant is born spontaneously in the vertex position between 37 and 42 completed weeks of

pregnancy. After birth, mother and infant are in good condition.”

The Society of Obstetricians and Gynaecologists of Canada (SOGC) include six recommendations for SOGC and its partners regarding maternity health care. These include development of national practice guidelines on normal childbirth; development of interdisciplinary committees to implement standardized unit policies on normal childbirth; promotion among childbirth educators and maternity care providers of knowledge about and experience with the birth process and evidence-based practices so that women and families can be informed about normal birth; promote expert knowledge and skills in normal childbirth among health care practitioners/professionals providing intrapartum care; and creation of collaborative education opportunities on normal childbirth for maternity care providers (Society of Obstetricians and Gynaecologists of Canada/AWHONN Canada, et al., 2008).

The 2012 consensus statement (Albers, Sedler, Bedrick, Teaf, & Peralta, 2006) issued by the American College of Nurse-Midwives (ACNM), the Midwives Alliance of North America (MANA) and the National Association of Certified Professional Midwives (NACPM) defines birth as a compilation of the three stages of labor, the newborn transition and the first hour after birth. The consensus statement goes further to identify the characteristics of a normal physiologic childbirth.

Normal Physiologic Childbirth

- › is characterized by spontaneous onset and progression of labor;
- › includes biological and psychological conditions that promote effective labor;
- › results in the vaginal birth of the infant and placenta;
- › results in physiological blood loss;

- › facilitates optimal newborn transition through skinto-skin contact and keeping the mother and infant together during the postpartum period; and › supports early initiation of breastfeeding.

Based upon the above criteria, it is also logical to extrapolate that normal physiologic birth is one that is without interference, complications and in line with normal body functions (World Health Organization, 1996).

Factors Influencing Physiologic Birth

For most women, physiologic birth is an achievable outcome of pregnancy. The mother's health status and education are two of the most important factors.

A mother's complicated health history and/or pregnancy may warrant interference with the normal physiologic process in order to improve health outcomes for the woman or baby. A mother's confidence, autonomy, and personal knowledge surrounding labor and birth may be directly influenced by the amount of education she has prior to the birth. Access to a primary maternity care provider skilled in physiologic care, attendance at a childbirth education class that is focused on normal physiologic birth, as well as individual education (reading and internet exploration) impacts the informed decision-making process.

As previously mentioned, access to a collaborative health care team is an important factor influencing normal physiologic birth. Care providers need the education, knowledge and skill to support physiologic labor and birth as well as an infrastructure support-

ive to physiologic birth (Society of Obstetricians and Gynaecologists of Canada/AWHONN Canada, et al., 2008). Goer and Romano define physiologic care as the use of supportive care practices and low-technology techniques that facilitate the normal biological process of birth. It comprises optimal care for healthy women experiencing uncomplicated labor (Dixon, Fullerton, & Begley, et al., 2011).

Benefits of Physiologic Birth

Birth without medical intervention may have many benefits (Romano & Lothian, 2008). The following are some that have been suggested by writers on the subject:

- › less postpartum pain;
- › quicker physical recovery from the birth;
- › increase in self-esteem as a result of the birth;
- › enhanced bonding with the baby;
- › reduced likelihood of post-natal depression;
- › a calmer, more settled baby;
- › an easier breastfeeding experience;
- › effective respiratory transition for the baby; and
- › more effective gut colonization that prevents allergies in the baby.

Additional benefits of physiologic birth include a reduction in genital tract trauma/need for suturing (Albers, Sedler, Bedrick, Teaf, & Peralta, 2006) as well as triggering the production of certain proteins in a newborns' brain that may improve brain development (Dominguez-Bello, et al., 2010).

Supporting Physiologic Birth

Entities such as the *Queensland (Australia) Government's Maternity and Neonatal Clinical Guideline* (Queensland Maternity and Neonatal Clinical Guidelines Program Statewide Maternity and Neonatal Clinical Network, 2012) provide guidelines for supporting a normal physiologic birth. These guidelines include a positive philosophy of care, clear communication, continuity of care programs, providing continuous support, one-to-one midwifery care, providing a suitable environment for birth, maintaining the minimal level of intervention which is compatible with safety, freedom of movement, food and fluid intake, and enabling the woman's choice of positions during labor and pushing.

Intervening in a normal physiologic birth process, where there are no complications, increases the risk of

complications for the mother and her baby. Six evidence-based care practices that promote physiologic birth were created by Lamaze International and outline changes in labor care: avoiding medically unnecessary induction of labor, allowing freedom of movement for the laboring woman, providing continuous labor support, avoiding routine interventions and restrictions, encouraging spontaneous pushing in non-supine positions, and keeping mothers and babies together after birth without restrictions on breastfeeding (Lamaze International, 2009).

Therefore, a collaborative effort between expectant parents and care providers places the woman at the center of her care in physiologic birth care. That is, the mother and baby form a dyad and all subsequent decisions take both mother and baby into account (Goer & Romano, 2012; See ICEA FCMC Position Paper 2013). To facilitate this collaboration is the childbirth educator, providing evidence-based information and teaching techniques to prepare parents for a physiologic birth experience.

Implications for Practice

Physiologic birth is evidence-based and optimal care for mothers and babies.

Expectant parents can optimize their chances for a physiologic birth by becoming educated in childbirth education classes with the latest research (Zwelling, 2008). Women need to be aware of the benefits to mothers and babies of physiologic birth as well as the risks of interventions.

Childbirth educators may act as advocates for and promote the research on physiologic birth in their classes, hospital in-service education, conferences/meetings and through social media. Our teaching should not only reflect current evidence-based information but also the concept of best practice. Informed decision making must be at the forefront of our presentation of physiologic childbirth. The goals of prenatal (childbirth) education are to build women's confidence in their own ability to give birth, to provide knowledge about normal birth, and to help women develop individualized birth plans that

provide a road map for keeping birth as normal as possible even if complications occur (Kavanagh, et al., 2012).

Providing positive sources of media information, such as television shows or web information, can assist expectant parents in their quest for knowledge. Referrals to such out-of-classroom materials become necessary especially when limitations are placed on the dissemination of class information.

Maternity care providers can become knowledgeable about the physiology of, and skilled in coping techniques that facilitate physiologic birth. Nurses can evaluate their personal philosophies about childbirth and become advocates for childbirth education classes and doula support (Zwelling, 2008). Keeping policies, procedures and practice guidelines updated and evidence-based also contributes to an environment that honors and facilitates normal physiologic birth.

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